

Application Data Sheet

Application Information

Filing Date::	03/01/2004
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Title::	COMPLEX VASO-OCCLUSIVE COILS
Attorney Docket Number::	30-7036512001 (03-439)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figures::	9
Total Drawing Sheets::	4
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Stephen C.

Family Name:: Porter
City of Residence:: Oakland
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 5240 Shafter Avenue
City of mailing address:: Oakland
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94618

Correspondence Information

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Representative Information

Representative Customer Number:: 23639

Representative Designation::	Registration Number::	Name::
Primary	37,104	David T. Burse

Assignee Information

Name:: Scimed Life Systems, Inc.

Mailing address:: One Scimed Place, Maple Grove, MN 55311